

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10578,312

FILING DATE

5-4-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18		1				
19				—		
20				—		
21				—		
22				—		
23				—		
24				—		
25				—		
26				—		
27				—		
28				—		
29		1		—		
30				—		
31				—		
32				—		
33				—		
34		1		—		
35				—		
36				—		
37				—		
38				—		
39				—		
40				—		
41				—		
42				—		
43				—		
44				—		
45				—		
46				—		
47				—		
48				—		
49				—		
50				—		
TOTAL IND.			3			
TOTAL DEP.			16			
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						